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Behind the Glass: The Observer Observed

Lxfx 10 min read · Jul 3, 2025

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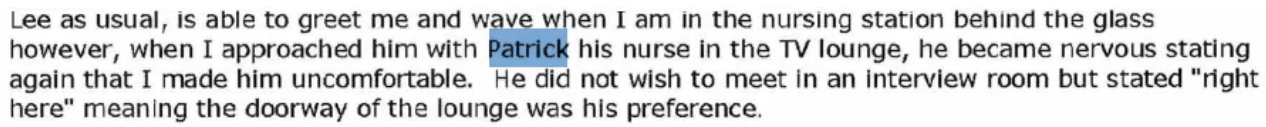
I spoke because no one listened when I was quiet

There are details you only remember when your survival depends on it. Not because they're dramatic, but because they're coded into you while you're suspended between sedation, fear, and the faint signal of your own dignity trying to break through. It's only now, in clarity, that I realize how much I studied her. Not because I wanted to — but because I had to.

Her name is Dr. Vivien Mary Parker.

What I remember is the clipboard. The posture. The scent. The strange stillness of a woman who moved like she was both watching and hiding. She did her best to glide through the ward — but the slightly elevated heels made a sound she could not conceal, contributing to a slight awkwardness in her gait. She was identifiable through sound and scent well before sight. Watching over her colleagues' shoulders, lingering behind glass, always holding her board tight to her chest like it contained a spell instead of a chart. It served as a shield to hide a point of tension, perhaps insecurity.

She never understood why I waved to her from behind the glass, but recoiled when she approached. From her perspective, it may have seemed contradictory. But I was a caged animal trying to reassure the handler of her dominance — a gesture of compliance at a distance. I feared that if she got too close, she would twist my words into pathology, use my alertness as justification for sedation, and prolong my confinement under the guise of treatment. She was mystified by this behavior. It appears in her notes, absent of reflection — another observation logged, but never understood. She writes: "He stated that we could not and began to walk away stating that he would only meet with me if someone else was in the room…On this day, I noted that when I am visible to him in the nursing station behind the glass, he is able to wave and smile at me."


Lee as usual, is able to greet me and wave when I am in the nursing station behind the glass however, when I approached him with Patrick his nurse in the TV lounge, he became nervous stating again that I made him uncomfortable. He did not wish to meet in an interview room but stated "right here" meaning the doorway of the lounge was his preference.

Dr. Parkers Narrative March April 7, 2025 p.98 Finally a broken man. Only the observer remained and state dependent memory returned like an old friend

Zoom image will be displayed

She also didn't understand why I asked to have other patients nearby during our conversations — not for comfort, but for calibration. I needed help deciphering whether what I was hearing made sense. Instead, I had to settle for a nurse witness — one under her direction. Even after twenty-one days of voicing discomfort with her presence, discomfort grounded in her own actions and those of other doctors, she remained puzzled by my mistrust. That confusion was settled in her notes as pathologized paranoia. Was it genuine curiosity? Or the ruminative satisfaction of complete dominance? Her notes make it hard to tell.

She often wrote that I was speaking to unseen entities. But the truth is, I was fascinated by the entity I saw behind the glass — the one studying me as I studied her. A kind of mutual projection, distorted by power and glass, distance and sedatives. I wasn't hallucinating. I was interpreting. It was a kind of living double-slit experiment, where the act of observation altered my outcome. I wondered: was I destined to collapse into the pages of a Danielle Steel novel? Or was this a scene from Matlock? Murder, She Wrote? I sensed that Dr. Parker needed me to land somewhere, particle or wave — but always within her frame.

She wore black. Always black. Tight black pants too deliberate for clinical work. Snake-patterned blouses. Her face, altered by Botox, frozen in a controlled half-smile. The other doctors wore soft colors. Approachable. Fallible. She didn't. Her aesthetic was curated distance — a modern priestess of the ward.

And her smell. That essential oil. The same cloying scent my mother wore to mask the narcissistic rot. It penetrated the glass of Room D13. It lingered in my cell long after she left. When I asked if the room smelled, she wrote in her notes that I took offence. Perhaps she should. The scent wasn't just

fragrance — it was strategy. A floral mask to cover spiritual stagnation, the rot that lingers in the absence of inner reflection and expresses itself in reaction. The rot of pretense, where appearance takes precedence over truth.

She was offended by my humor. Not because it was crass — it wasn't. But because it surfaced. Because it meant I wasn't fully broken. That smile she gave me was not compassion. It was a quiet fury that I could still smile, that I still had cognition, metaphor, style. She remarked that I asked if I could brush my teeth — not as a point of recovery, but as a punchline. As if I didn't know my place.

Nadia was a young woman — traumatized and in psychosis like me. Her front teeth were badly decayed. I used that, perhaps mistakenly, to estimate how long she'd been there. I wondered if the poison leached into her mouth was the cause of her illness, or a symptom of how long she'd been misdiagnosed. She carried the same hyper-awareness. She once noted the direction the markers had been laid on the table, aiming them purposefully toward those she did not like. There were codes in her perception. Signals in her silences. I recognized them.

Before the needles came, I had been placed on a resuscitation order because of the combination of Olanzapine, Lorazepam, and Ceftriaxone given to me without consent and while extremely dehydrated. I was advised of the order after administration of these, and then sent to the ward for evaluation the next day. Dr. Gatchev was present during this moment, and while she noted that I was in good condition, she also documented that I did not understand the resuscitation order she handed me — likely because I was already under the influence of the medications she failed to explain.

Dr. Meek had lied about his identity, impersonating a mining colleague. His own notes later confirm he “played along.” As recorded on March 24, he states: “I played along with it for a while but eventually he asked me specific details which I could not answer. For example he asked me about the 5 point safety plan.”

After that, I was transferred to the highest security psychiatric ward. Armored glass enclosing each room. Armored glass surrounding the nurses’ station. Room D13, front row center. In front and to the right, the isolation room — the one they loved to put me in, inject me in.

No history of violence. No police record. Brought in with dehydration and sleep deprivation from my own home — to be erased and rewritten. Standard procedure.

The unit: eight rooms divided into two sets of four by a central hallway. The first three rooms were glass-doored and directly visible to the armored-glass nurses’ station, mine positioned directly in front. Rooms D12 and D11 were to the right. Each had aluminum-framed doors, with ventilation whispering through their hollow frames like wind down a mining shaft. In mine, a crumpled piece of tissue had been stuffed into the lock.

The aluminum lock on my door had clearly been damaged, bent outward — as though pried with a bar from the outside. Inside my room, a melted electrical plate sat beside a green-dotted outlet and a nightlight. I would kneel before it and stare, watching shapes emerge from the low flicker: a forest, a brain, a withering soul.

The rooms directly in front of me had solid steel doors, one with a small horizontal safety window covered by a green cloth. It was the nurses’

observation room, outfitted with a bubble for monitoring solitary confinement. The isolation room — where I was regularly chemically sedated without provocation — was not used in response to violence, but rather for asking questions, not responding quickly enough, or attempting to comfort another patient in visible distress. When placed there, they would drag a black curtain in front of the door, as though to obscure even a solid steel barrier — an excellent place to sever the spirit from the body.

Nurse Watson was by far the most eager to observe and provoke. She told me it was too much effort to retrieve photos of my family. She once invited me to kick the observer's bubble — as if trying to manufacture justification for punishment. Later, she falsely accused me of striking a staff member — an event that never occurred.

I made the mistake of complimenting her black-and-green fingernails — and her earrings, the ones paired with half-moon piercings. It wasn't flattery; it was fascination. Maybe even an attempt at connection. But the energy shifted. A bad idea. The moment was logged, not acknowledged — as though humanity itself had violated protocol.

And though I've been around, she taught me a great deal about the boundaries of power — and the risks of being curious in a place like that.

Each end of the hall led to the "less secure" second stage of confinement through security doors. Washrooms and a shower were positioned opposite the nurses' area, near the back wall. The lunchroom and TV sat near the end of the hall that divided the eight rooms. The TV room had a dome camera in the upper corner, a whiteboard, incomplete puzzles (a cat, some flowers), and a sink labeled "Delta" with "Frankie" on the faucet emblem. The taps had been removed.

My bed faced the hallway, and beyond it, the isolation cell. Inside it: a floor mattress, a button-controlled toilet with fountain, and no privacy. Nurses watched through the bubble room — a tinted plexiglass cell with surveillance built in. The isolation lights were dimmable. The toilet and sink controlled from the observers side. A dome camera stared from the corner opposite the door.

At night, they would dim their own lighting in the nurses' station, leaving the hallway lights bright — aimed directly into my room.

Why did no one notice the details of my behavior? Why I would stretch my hip for days after being injected, swinging my leg back and forth using the blanket of my bed. Why I offered the aluminum door frame a drag from my fake cigarette, watching the ventilation whisper in reply. Why didn't anyone wonder why the lock had been torn from my door — the metal twisted by a pry bar from the outside? Why the electrical cover beside the nightlight was melted? Why there was a crumpled piece of tissue stuffed inside the door frame like a forgotten offering?

Why didn't anyone ask why I would kneel before the nightlight — and stare directly into it — watching what looked like a forest behind the bulb, melting into a soft image of a brain… and then the loss of identity itself?

Why did they place violent men beside me — men who overturned their beds, hurled their food trays out the door, and screamed so loud it terrorized the women next to them — but who were never placed in isolation? Why were they spared solitary confinement while I was locked behind the bubble for refusing to answer a question?

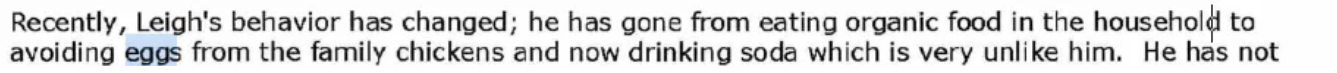
I ate the cookies they threw into the hallway. The sandwich was tempting too, but it had split on the floor.

What they tried to erase was not rage, or delusion. It was witness.

What they feared was not violence — but memory.

It's curious how no one pays attention to shadows, or a mirror, or reflection. Nor the inner or outer world and their possible union. The polarity of light and dark, positive and negative — all these things are desperately apparent when the drugs remove your identity from your consciousness.

Dr. Parker isn't a villain in the fictional sense. She's a constant. A constant of institutional illusion. A master hamburger flipper with an MD, dressed in snake prints and armed with oil and authority. She believed she was above scrutiny. She never asked why the psyche cracks — only whether it fit her paperwork, her billing codes, or her worldview.


Recently, Leigh's behavior has changed; he has gone from eating organic food in the household to
avoiding eggs from the family chickens and now drinking soda which is very unlike him. He has not

Dr Parkers Narrative Page 76 March, 25 2025 on first meeting while in solitary confinement following resuscitation order, excessive chemical sedation without consent and no legal basis logged. Even the eggs were pathologized but no mention of the forced medication in her notes.

To survive, I couldn't be a constant. I couldn't be a variable. I had to exit the equation.

But not in the way they planned.

They tried to render me incapable — chemically, legally, psychically. But here I am.

They mistook sedation for silence. They mistook survival for submission.

I am not healed. I am not the same. I am not seeking vengeance.

Just the mathematics of truth.

Somewhere along the way, I realized it wasn't Parker I was studying. Not entirely. It was the archetype she serves. The anti-Jung. The one who severs rather than integrates. She is not a healer but a curator of palatable illusions — the high priestess of consensus reality, where truth is sacrificed to maintain the average. The embodiment of social norm masquerading as medical science.

This is not a critique of one person. It is the observation of a species. Like watching koi fish from above — elegant but enclosed. I once thought myself a minnow in the pond. Now, I'm unsure if I lay still beneath it, or reflect just above the surface. Neither in, nor fully out. A witness no longer water-bound.

And maybe these musings are the lingering effects of gaslighting, solitary confinement, Haldol, Olanzapine, Benadryl, Dayvigo, Trazodone, Lithium, Melatonin, Ativan, Lorazepam, and Ceftriaxone — without consent. Those are the ones I know about. Maybe it's a side effect from immediate cold-turkey withdrawal. I suppose I will never know. Dr. Parker never advised.

And I am not alone in this knowing.

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Postscript

(Disclaimer & Intent)

Disclaimer: The following personal account is not intended to harm or defame any individual. It is a reflection, composed in the wake of involuntary psychiatric hospitalization and its aftermath. It explores the emotional, perceptual, and philosophical residue left behind — not to incite reaction, but to make sense of what continues to echo in the quiet moments. I do not seek vengeance. I hope these memories fade in time, and that sharing them hastens that effort more than suppressing them ever could.

📜 **Disclaimer:**

This article reflects the personal lived experience, interpretations, and opinions of the author. All statements concerning Dr. Vivien Mary Parker (CPSO#: 68883), North Bay Regional Health Centre, and other named individuals or institutions are based on documented personal medical records, direct observation, and materials disclosed during active legal and regulatory proceedings. The author makes no allegation of criminal behavior but asserts their right to critique medical conduct, institutional accountability, and psychiatric practices as a matter of public interest, protected under the Canadian Charter of Rights and Freedoms and applicable fair comment doctrine. All statistical modeling presented is hypothetical and for illustrative purposes only.

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Writing from the edge, for anyone who's been misunderstood or erased.

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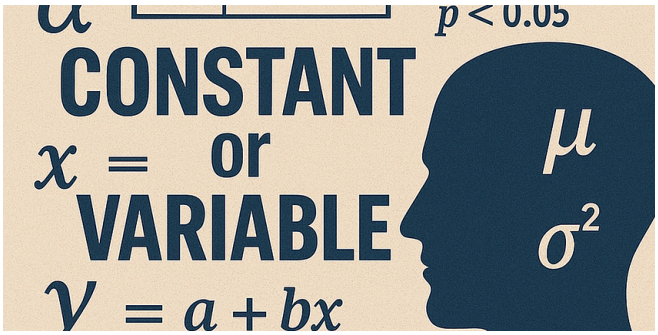

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Underground

There are two ways into a mine: the shaft or the portal.

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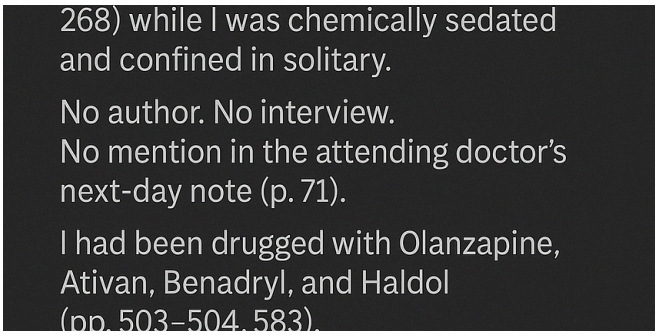
268) while I was chemically sedated and confined in solitary.
No author. No interview.
No mention in the attending doctor's next-day note (p. 71).
I had been drugged with Olanzapine, Ativan, Benadryl, and Haldol (pp. 503–504, 583).

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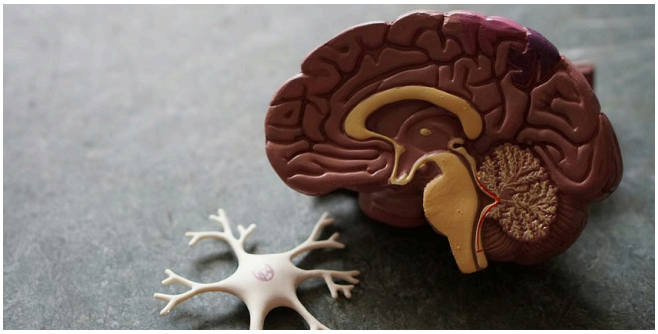

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